

2004 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR

Issued under authority of P.A. 281 of 1967. Type or print in blue or black ink.

Print numbers like this: 0123456789 - NOT like this: 0147

Attachment Sequence No. 05

PLACE LABEL HERE	▶ 1. Filer's First Name		M.I.	Last Name	▶ 2. Filer's Social Security Number (Example: 123-45-6789)	— —													
	If a Joint Return, Spouse's First Name		M.I.	Last Name		▶ 3. Spouse's Social Security Number (Example: 123-45-6789)	— —												
	Home Address (No., Street, P.O. Box or Rural Route)																		
	City or Town		State	ZIP Code			▶ 4. School District Code (5 digits - see pg. 45)												
▶ 5. Residency Status in 2004:					▶ 6. Check the box(es) for which you qualify:														
<div style="display: flex; justify-content: space-between;"> <div> a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident <i>FROM</i> c. <input type="checkbox"/> Part-Year Resident* <i>TO</i> </div> <div> *Complete Dates of Residency in 2004 Enter dates as MM-DD-YYYY (Example: 04-15-2004) <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2">YOU</th> <th colspan="2">SPOUSE</th> </tr> </thead> <tbody> <tr> <td>—</td><td>— 2004</td> <td>—</td><td>— 2004</td> </tr> <tr> <td>—</td><td>— 2004</td> <td>—</td><td>— 2004</td> </tr> </tbody> </table> </div> </div>								YOU		SPOUSE		—	— 2004	—	— 2004	—	— 2004	—	— 2004
YOU		SPOUSE																	
—	— 2004	—	— 2004																
—	— 2004	—	— 2004																
a. <input type="checkbox"/> Age 65 or older; or an unmarried spouse of a person who was 65 or older at the time of death b. <input type="checkbox"/> Deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled																			

▶ 7. Homeowners: Enter the 2004 taxable value of your homestead	▶ 7.	00
▶ 8. Property Taxes levied on your home in 2004 (see page 18) or amount from line 42, 47 and 49	▶ 8.	00
▶ 9. Renters: Enter rent paid in 2004 from line 44	▶ 9.	00
10. Multiply line 9 by 20% (.20)	10.	00
11. Total. Add lines 8 and 10	11.	00

HOUSEHOLD INCOME. Include income from both spouses. If your household income is more than \$82,650, you are not eligible for a credit.

12. Wages, salaries, tips, sick, strike and SUB pay, etc.	12.	00
13. All interest and dividend income (including nontaxable interest)	13.	00
14. Net rent, business or royalty income (including self-employment)	▶ 14.	00
15. Retirement pension, annuity, and IRA benefits. Name of payer:	15.	00
16. Net farm income	16.	00
17. Capital gains less capital losses (see page 21)	17.	00
18. Alimony and other taxable income (see page 21). Describe:	18.	00
19. Social Security, SSI and/or railroad retirement benefits	▶ 19.	00
20. Child support (see page 21)	20.	00
21. Unemployment compensation	▶ 21.	00
22. Other nontaxable income (see page 21). Describe:	22.	00
23. Workers' compensation, veterans' disability compensation and pension benefits	23.	00
24. FIP and other FIA benefits	▶ 24.	00
25. SUBTOTAL. Add lines 12-24	SUBTOTAL	00
26. Other adjustments (see page 21). Describe:	26.	00
27. Medical insurance or HMO premiums you paid for you and your family	27.	00
28. Add lines 26 and 27	28.	00
29. HOUSEHOLD INCOME. Subtract line 28 from line 25	▶ 29.	00
30. Multiply line 29 by 3.5% (.035) or by the percent in Table 3 (see page 22)	30.	00
31. Subtract line 30 from line 11. If line 30 is more than line 11, enter "0" and STOP; you are not eligible ..	31.	00

If you checked a box on line 6, complete line 33 or 34. FIP/FIA recipients, complete line 33. All others must complete line 32.

32. Multiply line 31 by 60% (.60) (maximum \$1,200). Go to line 35	32.	00
33. FIP/FIA recipients, enter amount from Worksheet 4 on page 22. Seniors who pay rent, complete lines 50-54 and enter amount from line 54 here (maximum \$1,200). Go to line 35	33.	00
34. If you checked a box on line 6 (if you completed line 33, skip this line), enter the amount from line 31 (maximum \$1,200). Go to line 35	34.	00
35. CREDIT. If your household income (line 29) is less than \$73,650, enter the amount that applies to you from line 32, 33 or 34 here. If it is more than \$73,650, you must reduce your credit (see instructions on page 22). If you file an MI-1040, carry this amount to your MI-1040, line 31	▶ 35.	00

Filer's Social Security Number

PART 1: HOMEOWNERS. Report on lines 36 and 37 the addresses of the homesteads you are claiming credit on.

36. Address of where you lived on December 31, 2004, if different than reported on line 1.	Taxable Value
37. Address of homestead sold during 2004 (No., street and city).	Taxable Value

If you bought or sold your home in 2004, complete lines 38-42.

HOMESTEAD:

	A. Bought	B. Sold
38. Number of days occupied (total cannot be more than 366)		
39. Divide line 38 by 366 and enter percentage here	%	%
40. Property taxes levied in calendar year 2004		
41. Prorated taxes. Multiply line 40 by percentage on line 39		
42. Taxes eligible for credit. Add line 41, columns A and B. Enter here and on line 8		00

PART 2: RENTERS

43. Address of Homestead You Rented (No., Street, Apt. #, City)	Landowner's Name and Address	# Months Rented	Monthly Rent	Total Rent Paid
A.				A.
B.				B.
44. Total rent paid (not more than 12 months). Add total rent for each period. Enter here and on line 9				00

PART 3: OCCUPANTS OF HOUSING ON WHICH SERVICE FEES ARE PAID INSTEAD OF TAXES

45. Name and Address of Housing Project or Landowner	
46. Enter the total rent you paid in 2004. Do not include amounts paid on your behalf by a government agency	00
47. Multiply line 46 by 10% (.10). Enter here and on line 8	00

PART 4: OCCUPANTS OF NURSING OR ADULT FOSTER CARE HOMES OR HOMES FOR THE AGED

48. Name and Address of Care Facility	
49. Your share of taxes paid by the landowner (see page 19). Enter here and on line 8	00

PART 5: ALTERNATE PROPERTY TAX CREDIT FOR RENTERS AGE 65 AND OLDER

50. Enter amount from line 31 or from Worksheet 4 on page 22	00
51. Enter rent paid from line 44 or line 46. (If you moved during 2004, see instructions, page 19.)	00
52. Multiply the amount on line 29 by 40% (.40) and enter here	00
53. Subtract line 52 from line 51. If line 52 is more than line 51, enter "0"	00
54. Enter the larger of line 50 or line 53 and carry this amount to line 33	00

**DIRECT DEPOSIT**

Deposit your refund directly into your bank account! See pg. 14 and complete a, b and c

a. Routing Number

c. Account Number

b. Account Type:

(1)

Checking

(2)

Savings

Deceased Taxpayers. If Filer and/or Spouse died after 12-31-2003, enter dates below.

Enter dates as MM-DD-YYYY. Example: 04-15-2005

► Filer ► Spouse

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature

Date

Spouse's Signature

Date

► I authorize Treasury to discuss my return with my preparer.

☐ Yes☐ No**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

► Preparer's SSN, PTIN or FEIN

► Preparer's Name (print or type)

Preparer's Address (print or type)